

Leisure Travel Services (LTS)

842 Sumner Road Carlisle, PA 17013 245-4048 or 245-3309

USAWC NYC TRIP

GROUP SHOW TICKET REQUEST FORM

Process will be as follows:

- 1. Determine # of tickets needed
- 2. 1 POC of the group make a request with LTS office
- 3. LTS will request ticketing from vendor
- 4. Once confirmed availability from vendor LTS will contact POC and confirm details (seat location/costs/payment due date)
- 5. Once tickets are paid in full (non-refundable) LTS will process payment to vendor
- 6. Group POC will be contacted to pick up tickets at LTS office

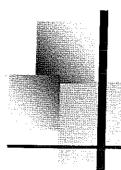
Date Order Placed:		
Name of Requestor (POC):		
Phone/E-mail address:		
Seminar #:		
SHOW TICKETS REQUESTED:		
Name of Show:		
Date of Show:		
Seat Location Requested (circle one): Orchestra	First Mezzanine	Rear Mezzanine
Other (explain)		
Name of Show:		
Date of Show:	# Tickets/seats:	
Seat Location Requested (circle one): Orchestra	First Mezzanine	Rear Mezzanine
Other (explain)		



Please note: Payment for tickets in full is required by deadline given. Tickets will not be purchased or confirmed until after group has paid for tickets.

There will be no refunds.

NYC TRIP FALL 2011 AY12



Leisure Travel Services (LTS)

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USAWC NYC TRIP INDIVIDUAL DINNER CRUISE/MTV REQUEST FORM

Date Order Place	ed:	•			
	tor (POC):			÷	
Phone/E-mail add	dress:			76	_
Seminar #:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
DINNER CRUIS (PLEASE CIRCLE ON	SE REQUESTED:	YES	NO		
# Dinner Cruise S	Seats:				
Cost per Dinner (Cruise: <u>\$94</u>	_Total Dinner Cri	iise Cost:		
MILITARY TRA	AVEL VOUCHER	S REQUESTED	: YES	NO	
Available On Locati	: Gray Line, City P on Tours. Please se	ass, Madam Tous	sauds, Circle and description	e Line Harbor To ons.	ours, Statue of Liberty
Kind of Voucher: (Please list activity by na	me or code according to pr	icing sheet)			
Reservation Date: (Please include reservation	n date/time requested, see	description page to deter	mine if this is near	Peccami)	
	_ Cost per Adult:				700
Kind of Voucher: (Please list activity by nar	ne or code according to pri	cing sheet)			
Reservation Date:	date/time requested, see d			essarv)	
# Adults:					
			Mai Voucher	Cost:	

USAWC NYC TRIP INDIVIDUAL

DINNER CRUISE/MTV REQUEST FORM

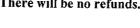
Kind of Voucher: (Please list activity by name or code according to p	ricing sheet)	3817	P. J. Tunan	
Reservation Date: (Please include reservation date/time requested, see	description	- t- d-t		÷
# Adults: Cost per Adult:				
TOTAL DINNER CRUISE COSTS:				
TOTAL MTV COSTS:				
TOTAL TO BE PAID:		74.	DATE PAID:	
Payment Method (circle one):	Check	Cash	Visa	Mastercard
Checks are made payable to: IMWRF		Check #:		
Credit Card #:			Expiration date:	

Dinner Cruise & MTV Requests. Those orders that are placed in the office will be processed and individuals will either receive immediate reservations/MTV's or those requiring reservations will be called when MTV is fully prepared and ready to pick up at the office. Those orders that are emailed to the office will be processed and individuals will be contacted when reservations/MTV's have been fully prepared and are ready to pick up at the office.



Please note: Payment for tickets in full is required a the time order is placed.

There will be no refunds.





NYC TRIP FALL 2011 AY12